PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS							]	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	150.00	OR	BASIC FEE	300.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 25=		OR	X\$50=	
INI	DEPENDENT C	LAIMS	minus 3 =		•			X100=		ОЯ	X200=	
M	JLTIPLE DEPE	NDENT CLAIM.P	RESENT					+180=		OR	+360=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	3/14/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	34	Minus	. 2	4	• /		X\$ 25=		OR	X\$50=	
	Independent	· 12	Minus	*** (	<u> </u>	= /		X100=		OR	X200=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [	+180=		OR	+360=	
								TOTAL		OR	TOTAL	95
		(Column 1)		(Colum	าก 2)	(Column 3)						7
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	*	Minus	**		g		X\$ 25=		OR	X\$50=	
	Independent	*	Minus	***	CI AIN			X100=		OR	X200=	
	FIRST PRESE	NTATION OF MU	JLIPLE DEP	ENVENT	·		, [	+180=		OR	+360=	
							L	TOTAL DDIT, FEE		OR ,	TOTAL ODIT. FEE	
		(Column 1)		. (Colum	ın 2)	(Column 3)	. ^					•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	frit		=		X\$ 25=		OR	X\$50=	
	Independent	•	Minus	***		-		X100=		OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+180=		OR	+360=	
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL OIT FEE		OR A	TOTAL DOTT. FEE	400 - NO TV 18
-	the "Highest No	mber Previously Pa iber Previously Pal	ld For IN THIS	S SPACE IS	less than	3, enter 3."			ropriate box	•		